



HUDSON SENIOR CENTER

19 Kimball Hill Road, Hudson, NH 03051

Phone: (603) 578-3929

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STANDARDS OF INDEPENDENCE AND BEHAVIOR

As a participant of the programs and services offered by Hudson Senior Services, I understand it is a privilege to partake of this public program. I respect and recognize that policies and procedures have been developed to help ensure a fair and safe operation for all involved.

Participants of Hudson Senior Services are expected to:

- 1. Emergency Contact:** Provide the staff with a name and telephone number of a person to contact in case of an emergency. If a participant experiences a medical problem while on the premises, it is expected that the participant will follow the recommendation of the Senior Center staff to seek appropriate medical treatment.
- 2. Alcohol and Smoking Policy:** Refrain from smoking, drinking alcohol, or using illegal substances on the premises. Participants who attend the Senior Center while inebriated will be asked to leave immediately. Repeated violation of this policy may result in suspension.
- 3. Personal Care:** Participants are expected to provide their own personal care including, hygiene, toileting, continence, and feeding.
- 4. Independence:** Participants are expected to be reasonably oriented, capable of independent decision making, and capable of planning their own activities. (i.e. transportation, lunch, and Senior Center activities.)
- 5. Respect:** Participants are expected to avoid causing disturbances or disruptions and to be respectful of other participants. Participants must also show respect for building facilities and the personal property of others.
- 6. Health Care:** Participants are expected to be responsible for their own personal health and medical care, including the taking of medications, monitoring special diets, etc. The Center is not responsible for providing assistance with medication and other personal health and medical care.
- 7. Violence:** Violence or threats of violence are not permitted and will result in the participants being asked to leave and may lead to permanent suspension of Senior Center privileges.

8. **Derogatory Statements:** Statements regarding race, ethnicity, religion, or life style will not be tolerated.

9. **Sleeping:** Sleeping on the premises is not permitted.

10. **Dress Code:** Proper attire required (shoes and shirt) at all times.

11. **Personal Property:** Storage of personal belongings is not permitted. All participants are required to leave the areas they have been using (i.e. activity rooms, exercise rooms and equipment, bathroom, dining room, function room) in a clean state. Touching or removing personal articles of other participants is not permitted.

12. **Personal Conduct:** If any inappropriate behavior is witnessed or reported, the staff will use discretion to take corrective action, i.e.: ask the participant to abstain from the inappropriate behavior, or, if necessary, contact the police, doctor, ambulance, or emergency contact person. Repeated violations may result in the participant being asked to leave and may result in temporary or permanent suspension of Senior Center privileges.

13. **Guest Passes:** Each Registered Senior may bring a guest to the Center up to three times a year without having their guest register. They may also bring a guest to a specific activity or on a trip if the activity or trip is open to the public or non-registered participants.

14. **Name badge:** Each registrant must sit for a picture and receive their name badge. These badges must be worn in the center.

15. **Entrance Swipe:** Upon entering the building each registrant will swipe their card and check into the Center. Please see the director or a volunteer if you have questions.

As a participant of Hudson Senior Services, I am willing to make a personal commitment to my fellow seniors, agreeing to serve. I have read this Pledge of Commitment and agree to act accordingly.

In witness whereof the parties have herunto set their hand this ____ day of _____ 20____.

Please Print Name of Participant

Signature

Date

Signature of Witness from Town of Hudson *(please print and sign name and department)*

Date

Signature of Witness from Town of Hudson *(please print and sign name and department)*

Date